

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10798717 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.	3					
TOTAL DEP.	8	↔	↔	↔		
TOTAL CLAIMS	11	██████	██████	██████	██████	██████

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		██████	██████	██████	██████	██████